

Foster Family Home - Corrective Action Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

Review ID: 1-562810-5

94-959 Lumimoe Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 6/7/2019

Foster Family Home

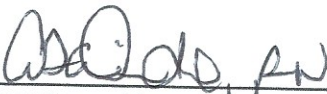
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made on 6/07/19. Home is in compliance with all requirements.


Compliance Manager


Primary Care Giver

6/07/19
Date

6/07/19
Date